

NEW LICENSE APPLICATION BOARD OF PODIATRY



Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:30AM to 4:30PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SE	CTION 1. REQUESTED LICENSE TYPE/FE	ES (include:	s non-refundable	application fee	– see instru	ictions)		
	PO- Podiatry by Examination	y order payable to						
	PO- Podiatry by Endorsement \$264.00			DC TREASURER. MAIL TO: DC BOARD OF PODIATRY				
					OX 37802 TON, D.C. 20013			
	Duplicate License (Limit 5) ——X \$34.00=	se (Limit 5) ——X \$34.00=						
Total Enclosed \$			00	HPLA ONLY Check \$ Check # Staff				
				\$.00	Oneck #	Stall		
SEC	CTION 2. APPLICANT NAME/DEMOGRAPI	HIC INFORM	ATION					
Ente	Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable							
	ments for individuals are marriage certificates, divorce decre	ST NAME	ers. 			FFIX Sr, etc.)		
SOCIAL SECURITY NUMBER UNITED THE SOCIAL SECURITY NUMBER					, , , , н			
If ap	If applicant does not provide a social security number, a sworn affidavit is required.							
PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth. Male F					Female			
SE	CTION 3. SUPPORTING DOCUMENTS RE	QUIRED						
Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Keep a photocopy of all supporting documents for your records.						HPLA ONLY		
A.	Two recent and identical passport-type photos of the appl on the back. The photos must be original photos and cannot				YES NO			
В.	Proof of successful completion from an educational program in the practice of podiatry at an institution accredited by the Council on Podiatric Medical Education (CPME) at the time the applicant graduated.							
C.	Proof of passing National Exam results from the National Board of Podiatric Medical Examiners (NBPME) part 1 and part 2.							
D.	Proof of passing National Exam results from the National Board of Podiatric Medical Examiners (NBPME) part 3 with a passing score of 75 or above							
E.	Official transcript (with seal) from educational institution showing proof of receipt of a degree in Podiatry. Submitted							
F. Complete three (3) Professional Reference Forms.					YES NO			
G.	Copies of legal documents supporting all name changes (if	applicable).			YES NO			

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

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SECTION 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
FIRST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME SUFFIX Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME Count of details a spouse beaut certaincate
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME SUFFIX
(Jr, Sr, etc.)
SECTION 5A. HOME ADDRESS Even if you have a PO Box, a street address should also be provided, if applicable.
APARTMENT SUITE FLOOR PO BOX NUMBER
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
СПУ
HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS
SECTION 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
COMPANY NAME
APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
СПУ
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS
SECTION 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.
☐ HOME ☐ BUSINESS

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ist all professional schools that you have attended, in	reverse chronological or	der, beginning	with the mo	st recent at the to	p		
School Name, City, State, Cour	ntry	Number of Hours Completed		Date of Graduation	Type of Degree/Certificate		
TION 6B. POSTGRADUATE WORK EX	(PERIENCE						
ist all work experience since graduation from professi	onal schools, in reverse	chronological o	order, begin	ning with the most	recent.		
		Start	End	Type of Posit		Part	
Organization/Institution	Location	Date	Date	(Use Key Belo	w)* Time	Time	
						<u> </u>	
* TYPE OF POSITION KE	Y						
A. Employment				uctor			
B. Private PracticeC. Clinical Rotations			E. Train	ning er (specify on sepa	rata about of r	oonor)	
					irate sheet or p	paper)	
TION 6C. PROFESSIONAL LICENSES						dlooe if	
ist all states and jurisdictions in which you have evective, inactive, or expired.	er neid a licerise. Provi	de letters of v	emication ii	om an states of n	censure regar	uless II	
		Date License Was					
Jurisdiction		First Obtained		License Number			
		1		1			
-							

NEW LICENSE APPLICATION

	Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this application.					
	Α.	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. Please read the information below carefully before responding to this yes or no question, as any false information provided requires to the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNTYOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED. As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following: YES NO 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 192); 3. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.	e TO NT 985);		YES NO	
	В.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES N	OV		
	C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete Section 6C of this form.)	YES N	OV		
	D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?		0V]		
	E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?				
	F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES N			
	G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES N			
	Н.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES N			
	1.	 (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board? 	YES N			
	J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES N			
SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibit attached hereto, is punishable by criminal penalties. HPLA ONLY						
		LICENSEE SIGNATURE NAME (Please Print) DATE				